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CONFIRMATION NO. 4644

SERIAL NUMBER 10/528,685	FILING OR 371(c) DATE 07/18/2005 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. 701039-52287
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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/US03/30466 09/25/2003
which claims benefit of 60/414,063 09/27/2002

**** FOREIGN APPLICATIONS *******

**** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 14	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

50828

TITLE

Methods and compositions for treatment of neurological disorder

FILING FEE RECEIVED 665	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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